

State of Texas

Appendix 1 to Attachment 3.1-A  
page 41a

19. Case Management Services - Mentally Retarded or Related  
Conditions

See Supplement 1 to Attachment 3.1-A, page 1B

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 24 1992</u>	
DATE APPV'D <u>SEP 03 1992</u>	
DATE EFF <u>JUL 01 1992</u>	
HCFA 179 <u>92-32</u>	

TN No. 92-32  
Supersedes 88-43 Approval Date SEP 03 1992 Effective Date JUL 01 1992  
TN No. 88-43

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page 41b

19. Case Management Services - Blind and Visually Impaired  
Children

See Supplement 1 to Attachment 3.1-A, page 1C

TN No. 92-32  
Supersedes 88-23 Approval Date SEP 03 1992 Effective Date JUL 01 1992  
TN No. 88-23

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 24 1992</u>	
DATE APPV'D <u>SEP 03 1992</u>	
DATE EFF <u>JUL 01 1992</u>	
HCFA 179 <u>92-32</u>	

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page 41c

19. Case Management Services - High-Risk Pregnant Women

See Supplement 1 to Attachment 3.1-A, page 1D

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 24 1992</u>	
DATE APPV'D <u>SEP 03 1992</u>	
DATE EFF <u>JUL 01 1992</u>	
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Supersedes 88-23 Approval Date SEP 03 1992 Effective Date JUL 01 1992  
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page 41d

19. Case Management Services - High-Risk Infants under Age One

See Supplement 1 to Attachment 3.1-A, page 1E

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 24 1992</u>	
DATE APPV'D <u>SEP 03 1992</u>	
DATE EFF <u>JUL 01 1992</u>	
HCFA 179 <u>92-32</u>	

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Supersedes 90-28 Approval Date SEP 03 1992 Effective Date JUL 01 1992  
TN No. 90-28

19. Case Management Services - Infants and Toddlers with Developmental Disabilities.

See Supplement 1 to Attachment 3.1-A, page 1 F.

STATE	<u>Texas</u>	A
DATE REC'D	<u>AUG 31 1992</u>	
DATE APPV'D	<u>SEP 29 1992</u>	
DATE EFF	<u>JUL 01 1992</u>	
HCFA 179	<u>92-33</u>	

TN No. 92-33

Supersedes Approval Date SEP 29 1992

Effective Date JUL 01 1992

TN No. None New Page

19. Targeted Case Management for Individuals Receiving Services from the Department of Protective and Regulatory Services.

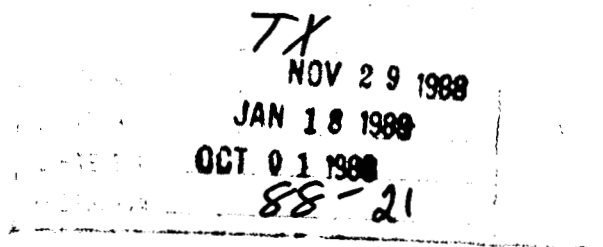
See Supplement 1 to Attachment 3.1-A, page 1.G

STATE	<i>Texas</i>	A
DATE REC'D	<i>04-03-95</i>	
DATE APP'D	<i>05-03-95</i>	
DATE EFF	<i>01-01-95</i>	
HCFA 179	<i>95-13</i>	

SUPERSEDES: NONE - NEW PAGE

20.a. Extended Services To Pregnant Women - Pregnancy-related and Postpartum Services for 60 Days after the Pregnancy Ends.

Services within the amount, duration and scope of the Texas Medical Assistance Program contained in this state plan are available as pregnancy-related services, postpartum services, or services for any other medical condition that may complicate pregnancy when medically necessary and provided by a participating provider.



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Supersedes \_\_\_\_\_ Approval Date JAN 18 1989 Effective Date OCT 01 1988  
TN No. LMHCFA-179

## 20.b. Extended Services To Pregnant Women - Services For Any Other Medical Conditions That May Complicate Pregnancy.

Services within the amount, duration and scope of the Texas Medical Assistance Program contained in this state plan are available as pregnancy-related services, postpartum services, or services for any other medical condition that may complicate pregnancy when medically necessary and provided by a participating provider.

STATE	<u>TX</u>	A
DATE RECD	<u>NOV 29 1988</u>	
DATE APPROV	<u>JAN 18 1989</u>	
DATE EFF	<u>OCT 01 1988</u>	
HCFA 179	<u>88-21</u>	

TN No. 88-21  
Supersedes \_\_\_\_\_ Approval Date JAN 18 1989 Effective Date OCT 01 1988  
TN No. See HCFA-179



21. Ambulatory Prenatal Care For Pregnant Women Furnished During A Presumptive Eligibility Period By A Provider (In Accordance With Section 1920 Of The Act).

Provided with no limitations.

STATE	<u>Texas</u>
DATE FICD	<u>1-3-90</u>
DATE REV'D	<u>2-2-90</u>
DATE OF	<u>10-1-89</u>
REVISION	<u>89-29</u>

TN. 89-27

Supersedes 88-21 Approval Date 2-2-90

Effective Date 10-1-89

TN No. 88-21

## 22. Respiratory Care Services.

(a) Subject to the specifications, conditions, limitations, and requirements established by the single state agency, in-home respiratory therapy services are available to eligible recipients who:

(1) are ventilator-dependent for life support at least six hours per day;

(2) have been so dependent for at least 30 consecutive days as an inpatient in one or more hospitals, skilled nursing facilities (SNF), or intermediate care facilities (ICF);

(3) but for the availability of these respiratory care services at home, would require respiratory care as an inpatient in a hospital, SNF, or ICF;

(4) would be eligible to have payment made for such inpatient care under the state Medicaid plan;

(5) have adequate social support services to be cared for at home; and

(6) wish to be cared for at home.

(b) Covered respiratory therapy services must be reasonable, medically necessary, and prescribed by the recipient's physician (M.D. or D.O.). The physician must be licensed in the state in which the physician practices.

(c) The single state agency must authorize the services prior to their delivery. Prior authorization requests must include all pertinent medical records and other information as required by the single state agency to justify the medical necessity of and/or dependency on the ventilator support and therapy services and to ensure that the requirements in subsection (a) of this section are met. Prior authorization is a requirement for payment. The single state agency may extend the prior authorization based upon an interim report from the physician documenting the medical necessity and appropriateness of continued in-home respiratory therapy services.

(d) Covered services include:

(1) Respiratory therapy services and treatments prescribed by the recipient's physician.

(2) Supplies, including disposable circuits, suction catheters, tracheal care kits, sterile water, non-sterile disposable gloves, and dressings/tracheal tapes that are necessary in the administration of the therapy and treatment. Supplies do not include drugs.

(3) Education of the recipient and/or appropriate family members/support persons regarding the in-home respiratory care. Education must include the use and maintenance of required supplies, equipment, and techniques appropriate to the situation.

STATE <u>Texas</u>	A
DATE REC'D <u>1-29-90</u>	
DATE APPV'D <u>6-1-90</u>	
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HCFA 179 <u>90-03</u>	

TN No. 90-03  
Supersedes  
TN No. 88-21

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